

SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Strengthening & Leveraging Health Outcomes Evaluation Data







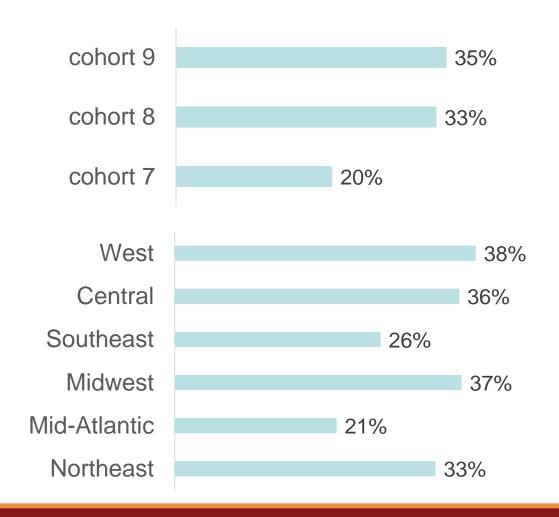
SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Reassessment and Using Data





Percent of grantees in each region/cohort meeting the reassessment target (80%) in FFY18 Q1

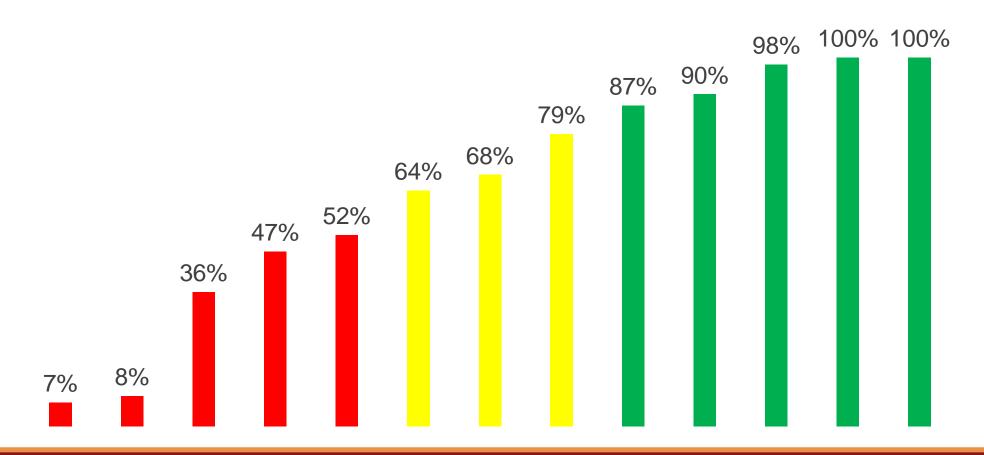


34 of 111 grantees (30%) are meeting their reassessment target





Reassessment Rate of Each West Grantee (FFY18 Q1)







Main Reassessment Concepts

- 1. Identify people who are due to be reassessed
- 2. Reassess them (both interview and H indicators)
- 3. Enter data in SPARS





Best Practices – identify people who are due for reassessment

- Use SPARS or your own document. No one correct method as long as your information is accurate
- Start calling them as soon as the reassessment window opens. You have 60 days, don't wait until the last minute!
- Do you schedule the interview or engage with the individual when they're onsite?





Best Practices – getting the interview and H indicators

- Make sure you have enough people trained to do NOMs interviews
- You can offer incentives
- Schedule bloodwork if necessary





Best Practices – entering the data into SPARS

- You have 30 days to enter a complete NOMs interview into SPARS
- Make sure you have a process for adding H indicators to SPARS if the information is not available when the interview is complete





Additional Best Practices

- Check your reassessment rate often
- Check missing H indicator report often
- Draw out a workflow of your reassessment process. Aids in consistency and tinkering with your process.





Group Conversation

What clever practices do people have to collect information at baseline and reassessment?





Reassessment Resources

- Your fellow grantees
- CIHS Evaluation Toolkit
- Evaluation affinity calls
- Emailing/calling Aaron Surma





Panel Conversation





USING DATA TO PROMOTE FINANCIAL SUSTAINABILITY

Wallowa Valley Center for Wellness
PBHCI Cohort 8 & CCBHC Demonstration Site
Enterprise, OR

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

Data + Creativity = Sustainability

Social Capital

ED Utilization

Home-Based Med Management Risk and Data Analysis

Social Capital = Financial Capital

Features of Social Capital:

- Homes, communities and society at large provide safe, supportive living and working environments
- Communities and society at large share key positive values and a sense of purpose

ED Utilization

Home-based me managemen Risk and Data Analysis

Analysis of ED Utilization

Strategies to lower cost but maintain services and staff:

- EDIE/PreManage
- Social Determinants of Health Survey

Social Capital

Home-based med management Risk and Data Analysis

Risk and Data Analysis

Social Capital

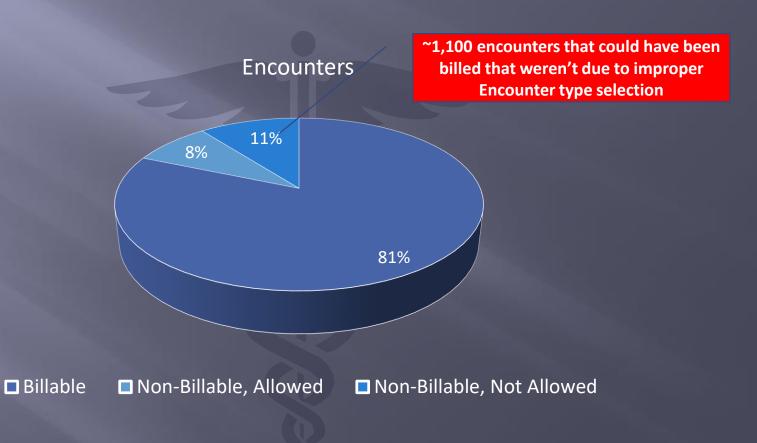
ED Utilization

Home-based med management

Three methods:

- Risk score analysis (Arcadia project)
- Integrated cost reports
- Analyzing notes/encounters

Question: Are we using the Correct Encounter Types?

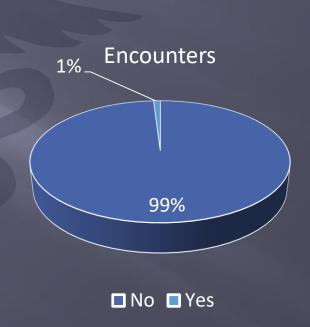


Question: Are we in compliance with our case notes?

PROBLEMS OBSERVED

- Tracking number of characters or words to catch insufficient documentation
- Tracking community-based services to meet fidelity program requirements (place of service errors)

SMALL BUT SIGNIFICANT NUMBER OUT OF COMPLIANCE



Home-Based Med Management

Social Capital

ED Utilization

Risk and Data Analysis

Rx Inefficiencies Cost Everyone:

- No show no problem
- You do what with your meds?!
- Wait! I'm coming with you.

CCBHC – Will We Go Broke??

See handout

Two Content Layout with SmartArt

- First bullet point here
- Second bullet point here
- Third bullet point here

Group A

- Task 1
- Task 2

Group B

- Task 1
- Task 2

Group C

• Task 1

Discussion Questions

How did you collect the data?

- Did you collect anything besides PBHCI?
- Clever collection techniques?

How did you prepare the data?

Did you use special software? In your EHR? Did you hire someone?

What did you prepare?

What information are you sharing? Health outcomes? Cost savings?

Who did you share it with?

The state? Managed care? ACO? Grant applications? Newspaper?





Optional Team Activity (depending on time)

Make a plan for improving reassessments

Make a plan for sharing data with external stakeholders



